ARIZONA STATE BOARD OF HEALTH

	and an amazine
1. PLACE OF BIRTH BUREAU OF VIT	No.
STANDARD CERTI	FICATE OF BIRTH
$\kappa l_{\nu} V_{\mu}$	State Uryona
County NULL State WWY0102	
District or Township	
District of Formula III	
City Mam No 10/5 Webst Ault St., Ward (If birth occurred in a Jospital or institution, give its NAME instead of street and number)	
1) //	
Supplemental report, as directed.	
2. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	
3. Sex of Child To be answered ONLY \ 4. (Twin, triplet or other	
IIII // I // Month Day lear	
Ilmal births. J 5. No., in order of bi	1 1
8. FATHER	14. () MOTHER
1 -A-17	Full maiden name Ko.
Full name tederics Jacoble	Fuil maiden name Blrmardina Mludoza
	15. Residence (Henry place of shode) Miami
9. Residence (Usual place of abode) / Manu	
	If non-resident, give place and state. Ungous.
If non-resident, give place and state. Wigour.	1
10. Color or race	16. Color or race
11. Age at last birthday (Years)	M. Ru. 17. Age at last birthday 25 (Years)
Melu	My. 17. Age at last birthday (Years)
	A MUST a
12. Birthplace (city or place)	18. Birthplace (city or place)
	(State or country) Mly.
(State or country)	
13. Occupation	19. Occupation
	Nature of Industry
Nature of Industry	11 Thouseurle
/VUNUU	ve and now living 3 21. Were precaytions taken against oph-
20. Rumber of Chitates of the	ve but now dead thalmin neonatorum? He
	o the
Centrice and Account at 1/3	
at W. m. on the date above stated.	
I hereby certify that I attended the birth of this child, who will (Born, alive or stillborn)	
(4 When there was no attending physician) (0.44; (M Lot Ma) M.().	
etc. should make this return. A stillborn child is one that neither breathes nor (Physician er millwift)	
ii i i	(Physician or midwife)
Given name added from a supplementi report	Mami aryona
Filed	Tune 10 1920 10.6. 000
Registrar.	Registrar.
M	<i>I</i>

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115-608-241